1332951

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549







Serial

Prefix

UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Advent Partners GPE V-A Limited Partnership Offering of Limited Partnership Interests	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [Type of Filing: [X] New Filing [] Amendment] Section 4(6) [] ULOE
A. BASIC IDENTIFICATION DATA	JUL 0 5 2005
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Advent Partners GPE V-A Limited Partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Advent International Corporation, 75 State Street, Boston MA 02109	Telephone Number (Including Area Code) (617) 951-9400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A	Telephone Number (Including Area Code)
	/ "INCESSED
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D] [E]	
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the information requested in Part C, and any material changes from the information previously supplied in Parts A the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of	ice is deemed filed with the U.S. Securities and Exchange d at that address after the date on which it is due, on the ned. Any copies not manually signed must be name of the issuer and offering, any changes thereto, the and B. Part E and the Appendix need not be filed with

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that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall

be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if it Advent International Corpor	,				
Business or Residence Address 75 State Street, Boston MA		et, City, State, Zip Code):		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if i Advent International LLC	ndividual) :				
Business or Residence Address c/o Advent International Cor					
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i David Mussafer	ndividual) :				
Business or Residence Address c/o Advent International Cor	•				
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i Bob Taylor	ndividual) :				
Business or Residence Address c/o Advent International Cor	•				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if it	ndividual) :	 			
Business or Residence Address	(Number and Stree	et, City, State, Zip Code):		 	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if it	ndividual) :			· · · · · · ·	
Business or Residence Address	(Number and Stree	et, City, State, Zip Code):			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if in	ndividual) :				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code):			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING												
1. Has t	he issuer se	old, or does	the issuer	intend to se	ell, to non-a	ccredited in	vestors in t	his offering				Yes No
				1	Answer also	in Append	ix, Column	2, if filing t	ınder ULOE			[][]
2. What	is the min	imum inves	stment that	will be acc	epted from	any individ	ual?	•••••				\$ N/A
3. Does	the offerin	g permit jo	int ownersl	hip of a sing	gle unit?							Yes No [] [X]
similar i associat dealer. I	emunerati ed person (on for solic or agent of n five (5) p	itation of p a broker or	urchasers in dealer regi	n connectio stered with	n with sales the SEC an	of securitied of securities do not be determined of the desired of	es in the offe state or state	or indirectly ering. If a pe es, list the na you may set	rson to be	listed is an	
Full Nat N/A	ne (Last n	ame first, if	individual)					,			
Busines	s or Reside	nce Addres	ss (Number	and Street	, City, State	, Zip Code)						
Name of	f Associate	d Broker o	r Dealer									
States in	Which Pe	rson Listed	Has Solici	ited or Inter	nds to Solic	it Purchaser	S				· 	
(Check	'All States	" or check i	individual S	States)	*********					1] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last na	ıme first, if	individual)								
Business	or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name of	Associate	d Broker or	Dealer									
States in	Which Pe	rson Listed	Has Solici	ted or Inter	ds to Solic	it Purchaser	s					
(Check '	'All States'	or check i	ndividual S	States)						[] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]]	[MN]	[MS]	[MO]
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		me first, if										
Business	or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name of	Associate	d Broker or	Dealer					· · · · · · · · ·				
				ted or Inten		it Purchaser	S			[] All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	ENSES AND USE OF	PROCEEDS		
1. Enter the aggregate offering price of securities included in this offering and the total amount al '0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] at columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security		Aggregate Offering Price	A	mount Already Sold
Debt	\$ _	0	\$	0
Equity	\$ _	0	\$	0
[] Common [] Preferred				
Convertible Securities (including warrants)	\$ <u>_</u>	0	\$	0
Partnership Interests	\$ _	2,920,000	\$	2,920,000
Other (Specify).	\$	0	\$	0
Total	\$	2,920,000	\$	2,920,000
Answer also in Appendix, Column 3, if filing under ULOE.	_			
2. Enter the number of accredited and non-accredited investors who have purchased securities in the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the numberate purchased securities and the aggregate dollar amount of their purchases on the total lines. En s "none" or "zero."	er of persons who			
			Aggre Dollai	gate Amount
	Nur	nber Investors	of Pur	chases
Accredited Investors		10	\$	2,920,000
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)			\$	•
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all seconds, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of affering. Classify securities by type listed in Part C-Question 1.				
Type of offering	Тур	e of Security	Dollar Sold	Amount
Rule 505		0	\$	0
Regulation A		0	\$	0
Rule 504		0	\$	0
Total		0	\$	0
a. Furnish a statement of all expenses in connection with the issuance and distribution of the sentiering. Exclude amounts relating solely to organization expenses of the issuer. The information ubject to future contingencies. If the amount of an expenditure is not known, furnish an estimate of the left of the estimate.	may be given as			
Transfer Agent's Fees		[] \$	0
Printing and Engraving Costs		[] \$	0
Legal Fees		[x) \$	25,000
Accounting Fees		[] \$ _	0
Engineering Fees		[] \$	0
Sales Commissions (specify finders' fees separately)] \$	0

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

25,000

2,895,000

Other Expenses (identify)

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments Officers, Directors Affiliates	, &	Payment: Others	s To
Salaries and fees	[] \$	0	[] \$	0
Purchase of real estate	[] \$	0	[] \$	0
Purchase, rental or leasing and installation of machinery and equipment	[] \$	0	[] \$ [] \$ _	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	0	[] \$	0
Repayment of indebtedness	[] \$	0		0
Working capital	[] \$	0	[] \$	0
Other (specify): To provide risk capital for, and make investments in the securities of, privately held and other businesses.	[] \$	0	[x] \$ ₂ ,	895,000
Column Totals	[] \$	0	[X] \$ <u>2</u> ,	895,000
Total Payments Listed (column totals added)		[]\$	2,895,00	00
D. FEDERAL SIGNATURE	2			

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Advent Partners GPE V-A Limited Partnership	Advent Partners GPE V-A Limited Partnership by: Advent-International LLC, General Partner	Date July 1, 2005
Name of Signer (Print or Type) Janet L. Hennessy	by: Advent International Corporation, Manager Title of Signer (Print or Type) Vice President and Treasurer	

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)